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A QUESTION
OF
INTEGRITY:

A Theological Exercise in
Relating Process Thought
with Object Relations Psychology
in Pastoral Counselling

by

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M. Div. , Luther Northwestern Theological Seminary, 1986

THESIS

Submitted to the Faculty of Waterloo Lutheran Seminary
in partial fulfillment of the requirements for the degree of
Master of Theology in Pastoral Counselling

1998

c Cindy Schnasa Jacobsen 1998



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ABSTRACT

The role of identity for the pastoral counsellor is explored in its function in the development of professional identity. This thesis utilizes Object Relations Theory and Process Theology as conceptual foundations in articulating the unique process of the emerging professional identity of the pastoral counsellor. It is argued that, when grounded within selfobjects that embrace our theological training as pastors, we can as clinicians engage ourselves in the process of change. This thesis stresses that as pastoral counsellors acknowledge within themselves their important role as theologian in the room with clients, they join in the "aim of God" for change and wholeness for their clients and for themselves. This thesis includes a case study where the role of pastoral identity is crucial to the ongoing transformation of the client and the pastoral counsellor.

ACKNOWLEDGEMENTS

I have had the good fortune of studying at Waterloo Lutheran Seminary. Professors Dr. Peter VanKatwyk, Dr. Delton Glebe and Dr. Thomas St. James O'Connor have helped me to further my understanding of practical theory and strengthen the depth of my theological identity. I hope to continue to learn from them.

Looking back, I am grateful to my early clinical training supervisors Dr. James Coffman and Dr. Richard Bruehl who identified gifts in me. They encouraged me in the use of those gifts, especially in beginning to understand my use of self, or identity, in my work with clients. I am indebted to them.

I consider myself fortunate to have studied theology at Luther Northwestern Theological Seminary, where upon graduation I was called and ordained to serve a congregation in Pierre, South Dakota. It was in that parish, as pastor, that my pastoral identity was first tested and refined.

Last, but not least, I owe a debt of gratitude to the clients who have allowed me to join them on their courageous journey. They too have plunged into the waters of the self and identity and, not unlike the waters of baptism, reemerged changed. They have taught me much.

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1. Conformal Feelings

Introduction

Why am I interested in identity? Perhaps, the question of identity has been an important question for me ever since my beginnings. "Who am I?", asks the little girl, growing up on a farm in rural Wisconsin, raised by a family with extremely long and strong Lutheran roots, confused by a father's alcoholism, and wondering how the world and God works. I was that little girl and I have continued to ask the question, "Who am I?" and "How does God work in this (my) world". I was most likely called into the ministry because I just had to know the answers to these questions. I was intrigued by process theology because I thought perhaps that was where the answers would be found. What I found was not answers but possibilities. My first reading of process thought intimidated me during my M. Div. degree work. Whitehead was difficult to comprehend. I did not have the confidence at the time to trust that my mind could get a handle onto something I considered so complex. Reading John Cobb gave me more clarity and interest, but process thought seemed a bit too radical for my neo-orthodox ears at first.

Then I became influenced by two professors at Luther Northwestern Theological Seminary in the early 1980's. Professors Lee Snook and Paul Sponeheim both helped me to appreciate my own process and growth.

As time went on I began to expand my view of God and how God participates with humankind. My neo-orthodox upbringing no longer made sense. Or to say the least, it no longer fit as a way to understand my own experience. Process thought gave me a paradigm in which to view God as more participatory, more evolving, more open to the freedom of each and every moment. I discovered that God was not some "thing" in which to find how it works, but rather God is a creator of endless beginnings and possibilities. I found that the world is a full and rich place rather than a narrow, constricting, and judging place.

The study of objects and how they relate to our relationships seemed to make a great deal of sense as well. In fact, I understand God and others when I experience relationships. The unique and specific relationship of pastoral counsellor/counselee is thrilling to me. Therefore, my interest in pastoral counselling grew and I began to wonder how people, as well as myself, could experience freedom during the “stuck” times of life. The times of life when change seemed impossible.

It was in January of 1991 that I began my formal training as a pastoral counsellor at a centre in Nashville, Tennessee. Upon completion of that two year program I went before the member committee of the American Association of Pastoral Counselors (AAPC) and became a certified pastoral counsellor. As I sat with people, (20 - 24 clinical hours a week) I continued asking the question, “How does my understanding of God and how I believe God works in the world being played out in the therapy room. You see, my training in object relations had taught me that I could use my own object representations as a tool to enable me to better understand the object relations of my clients. From then on, I have been on a professional identity search to discover for myself how God works in the world, and specifically the clinical world of my clients. I grow with every new client that blesses my office door. I cannot think of anything I would rather do in my work life than to experience God, be reminded of my own objects, attempt to discover and engage positively the objects of my clients and in the end trust God’s aim is right in the midst of the whole process.

I think as a Lutheran I am open to accepting the tainted, sinfulness of myself and humanity while also being able to enjoy and appreciate the saintliness and holiness of myself and every human being I come in contact. We’re not perfect and we are wonderfully fashioned all at the same time. Through this project I have learned that my Lutheran identity serves me well. We are all sinners and at the same time saints. Becoming comfortable with that awareness is crucial to change, because then grace

does its work in our lives. Moreover, I have learned that lifting up my theological/pastoral identity enriches me in my work. The psychological disciplines are only one very important aspect of my training. My theological foundation helps me to do the work of pastoral counselling in the same important way. Therefore, I have learned that asking the question of identity is an ongoing and fruitful journey. Of course it is, because we are ever changing along with God's ever changing work in the world and the lives of our clients.

Yet, I also don't underestimate the pain and brokenness that I have felt in my life and my clients bring with them when they begin the process of healing. We all endure terrible things at times throughout our lives. God promises to be with us in those moments as well and I trust always bringing forth God's gracious and loving aim for our lives, no matter how difficult it may be for God at times to do this.

The case study included in this thesis has been altered in order to protect the identity of the client. It is with the client's permission that I include excerpts from session 38.

Chapter One

A Historical and Personal Perspective on Identity of the Pastoral counsellor

What is a pastoral counsellor? Is he/she a pastor? Is he/she a counsellor? Are pastoral counselors for the counselling of pastors? These are some of the questions that I have been asked.

To whom does a pastoral counsellor relate professionally? To their bishop? To the director of the counselling center out which they work? Maybe they relate to some certifying body or licensing agency? Or perhaps they are accountable to a peer group made up of social workers, psychologists and psychiatrists?

Does a pastoral counsellor wear a collar, or a cross, or present themselves visually in some sort of religious way? Do they have a picture of Jesus hanging on the wall of their therapy room? Or, instead of a Bible centered on top of their desk, is the DSM IV placed in a prominent position next to their appointment book?

Just what is the identity of a pastoral counsellor? This is a question I wondered how other pastoral counselors would answer. Therefore, I entered in conversation with a few pastoral counselors. I wanted to know how they understood themselves. I wanted to ascertain whether or not theology influenced their work with people. I was curious about the language they chose to use in describing their work. I wanted to see if they would speak out of a psychological framework, or a theological framework, or a blending of both. Were they comfortable with their M. Div. background or did they want to, in some way, camouflage any religious connections?

In this opening chapter I will discuss my findings, along with an overview of the literature in the pastoral counselling field regarding pastoral identity. In order to

understand the development of identity in the pastoral counselling field I must begin at the beginning. Beginnings are so important to understanding. As a pastoral counsellor I am keenly aware that the opening moments of a session with a client, if noticed, can reflect the tone for the entire clinical hour. Likewise, the early beginnings of the pastoral counselling movement aid in my quest to understand the identity of pastoral counsellor.

Events occurring at the close of a progressive era in the 1920's, in the United States, mark the beginnings of the pastoral care and counselling movement. Early, in 1920, Richard C. Cabot, a Harvard Medical School Professor accepted a chair at Harvard in the field of ethics. Cabot sought to teach divinity students through actual situations and to develop a "clinical theology". Then, during the summer of 1923 William S. Keller, a physician, invited five seminary students to live in his Cincinnati home to do case work in social agencies. He trained them to become "social engineers". Finally, in the summer of 1925 Anton Boisen, a chaplain at Worcester State Hospital in Massachusetts, arranged for five students to serve as attendants and to study the "living human documents" with whom they worked (J. of Pastoral Care, 1983). These three people, their students, their patients and clients, and events were the seeds of the pastoral care and counselling movement.

As the years went by, three distinct areas emerged in the field. Disciples of Cabot and Boisen formed the Council for Training of Theological Students. This organization eventually split into two groups. The one being the, Council for Clinical Training, out of New York City. The other being the, Institute of Pastoral Care, out of Boston. A Third movement developed within the Baptist and Lutheran traditions. According to Edward Thornton, *Professional Education for Ministry*, p. 46-49, by the year 1945 2,000 seminary students had received some form of clinical pastoral training. There were 30 clinical training centres. At least 75 seminaries were affiliated

with these centres.

In the 1940's there was an interest in pastoral counselling as a specialty field. It seemed that events specific to the time aided in this interest. During World War II trained chaplains were needed. Returning soldiers tended to turn to a minister when they suffered personal problems.

A second development was in the area of graduate education. Graduate programs in the field of pastoral counselling were established at Andover Newton Theological School, Boston University School of Theology, Garrett Biblical Institute, Southern Baptist Theological Seminary, Princeton Theological Seminary, and the American Foundation of Religion and Psychiatry in New York.

A third development was in the changing area of Clinical Pastoral Education. There developed a change in emphasis upon content to an emphasis upon psychodynamics of the student. More and more focus was placed on the inner life of the supervisee. This, in itself, increased an interest in pastoral counselling.

In the 1950's the field exploded. By the end of that decade pastoral counselling centers grew to one hundred. Three hundred pastoral counselors were offering 2500 hours of counselling per week, according to James Lapsley, Jr., "Pastoral Counselling Centers: Mid-Century Phenomenon", *Pastoral Psychology* January, 1963. During this period the American Psychological Association, the American Association for Marriage Counsellors and the National Association for Social Workers were coming of age.

In 1953 was held the, First International Conference of Pastoral Counsellors, in New York City. Two distinct groups made up the assembly of conference goers. The Council for Clinical Training was made up of individuals who functioned either as chaplains or psychotherapists but adopted a secular life-style and professional identity. They were psychoanalytically oriented and enjoyed the clinical setting. In the other group were individuals from the Institute of Pastoral Care. They were seen as

more pastoral in orientation and enjoyed the hospital setting for their training and ministry. There was, and had been, extensive debate between these two groups as to the identity of pastoral care and counselling. Yet, out of necessity, the conference developed a structure and Howard J. Clinebell, Jr. was elected chairperson for the remainder of the conference. These were the early beginnings to organize the American Association of Pastoral Counselors.

Howard Clinebell encouraged professors in the field of pastoral counselling, and who were involved in the early pastoral care and counselling movement to participate in the forming of the AAPC. Clinebell encourage people like, Carroll Wise, Paul Johnson, Seward Hiltner, Wayne Oates to come on board. Seward Hiltner and Wayne Oates had concerns regarding pastoral identity. They believed that pastoral counselors needed to maintain their pastoral identity and not become solely psychotherapists. Hiltner saw that it was important for pastoral counselors to be accountable to the church and resisted pastoral counselors going into "private practice".

In 1963, in Indianapolis, the Interim Administrative Commission, met and the "pastorally oriented group" within the forming association were defeated. A more psychoanalytic orientation was accepted as criteria for membership within this new organization, according to the Report of Meeting of Executive Committee, 1963 AAPC Archives.

Although the clinical orientation was strong, at the 1964 meeting in St. Louis, a more pastoral voice prevailed, as Charles VanWagner writes in his article published in the J. of Pastoral Care, 1983 entitled, "AAPC: The Beginning Years". Yet, to no one's great surprise a see-saw battle between the two orientations in the field continued to exist.

The third meeting of this new organization was held in Chicago in 1965. Many

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compromises between the two orientations were reached. These were reflected in the Standards, and Membership Categories, and Code of Ethics. Many have viewed this Chicago meeting as an important step in resolving some of the identity issues regarding pastoral counselling. Although, much work was done and helpful decisions were made, I tend to disagree that a balance has been achieved between a pastorally oriented and clinically oriented identity. The conversations I engaged myself in as I explored this question of pastoral identity among pastoral counselors reflects such an ambiguity. First, let me state some important writings by important pastoral counselors in the field. Wayne Oates in his book, Pastoral Counseling, says, "...a person's counseling becomes pastoral when the counselee or the counselor focuses the relationship upon the relation of God to the process of their lives" (1974, p. 11). I think what Wayne Oates is saying is that when God is acknowledged to have a part in the moments and process of our lives, which includes the counselling we are receiving or offering at the moment, that then we are experiencing pastoral counselling.

Carroll Wise speaks about the relationship between pastoral counsellor and counsellee. Wise finds it helpful for the pastoral counsellor to have a strong awareness of him/herself in terms of faith, family and life experiences. He says that it is not so much what the pastoral counsellor "does to or for the counselee...the important thing is what happens between them" (Pastoral Counseling: It's Theory and Practice, 1951). Wise later states, "Counseling is fundamentally a religious process" (p. 145). I think Wise is saying that something of the Holy is experienced when we sit across from another person hoping to work through some great pain in their life and also hoping that the God of the universe, the god who made them, is a part of that healing process.

There was a survey conducted in 1981 of A.C.P.E. supervisors. The majority of the supervisors saw themselves as theologians rather than psychotherapist. Likewise,

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in another survey of 900 A.C.P.E. supervisors and A.A.P.C. Fellows and Diplomats, 87% identified themselves either as chaplains, pastoral counselors or parish ministers rather than social workers, psychologists, or marriage and family therapist. Strangely, it seems that pastoral counsellors identify or want to identify strongly with their religious foundations, yet perhaps, feel ashamed or lacking of creditability when they publicly compare themselves to perceived well-trained psychologists, social workers and marriage and family therapists. We might have an identity crisis on our hands or at the least conflictual material when it comes to viewing ourselves as "good enough".

The pastoral counselors I spoke with, who are presently working in the field and seeing clients, had problems articulating their theological orientation as it related to the pastoral counselling work they do. Many said that their identity as minister was either down-played or not really mentioned to the client. In fact, many stated that their identity as a minister could be of detriment to the counselling process with many of their clients. Although they were sure that their clients realized that they were coming to a pastoral counselling center they did not believe that their clients actually perceived them as pastors. In fact, the pastoral counselors I spoke with thought that clients chose their counselling centre primarily because they offered reduced fees or they were referred by a friend who had been helped by the centre.

When I asked them to talk with me regarding their own pastoral orientation, they were hard pressed to identify with their pastoral qualifications. They were more comfortable speaking in regards to their clinical orientation. It is interesting to note that all of them had experienced difficulty with their various ministerial processes, whether it was issues around a previous parish call or appointment, or a theological stance - liberal vs. conservative and problems in the church structures regarding that, or issues arising from their seminary experience around readiness for ministry. All seemed to have found their niche or perhaps, "calling", in a pastoral counselling ministry after

going through a turbulent period in “traditional” settings.

Likewise, they seemed to relate favourably to clients who were mistreated by the church, or well-worn by life. In contrast, most were uncomfortable working with clients who were “overly church people”. They did not trust the authenticity of clients who spoke with too much God language. In their own work with people they attempted to be open to less defined expressions of a client’s spirituality.

There was one area of pastoral identity which resonated with each pastoral counsellor I interviewed. The use of the word “presence” was a unifying theme. One pastoral counsellor spoke of presence in the following words: “there is a piece to it connecting to God, or whatever. I often see it in a counselling session that this relationship is going on at the same time. And it is not that I am speaking about God or using God images with explicit language with my clients, but I am seeing myself more as a mediator rather than a giver of the healing.”

One pastoral counsellor shared the following biblical story regarding the Road to Emmaus: “It’s in that story that Jesus is present to these two disciples, who are walking on the road, and is more interested in walking with them and listening to them and being with them. Rather than forcing his point of view on them saying, you know, he asked them ‘why they are upset.’ And they say, ‘Well, are you a stranger here? You have heard the news, haven’t you?’ And rather than saying, ‘It’s me, I’m back, he just listens to them. So that story is important to me in terms of being present to someone.” This pastoral counsellor viewed listening and being “present”, or available, to a client as embodying God’s presence to the client.

Chapter 2

Theoretical Perspectives

A. An Object Relations Perspective

1. Stages of Object Relations Development

Throughout the course of life a person's earliest relationships shape their personality and behaviour. Object Relations Theory, according to Althea J. Horner, "refers to the nature of the inner representational world, the nature of the various self and object representations, and their dynamic and affective interplay" (1991, p. 7). An infant learns how to relate to the parent, and thus all future humans, by the manner in which the parent relates to the infant.

I will never forget with my second child, at the age of three or four months, how she learned to pat my shoulder when I was burping her at night. She obviously acquired the behaviour when experiencing my pats on her back. Yet, even when the burping was over and I continued to hold her over my shoulder, she would pat me with her tiny hand. As Erik Erikson would suggest, a relationship of trust was developing. As object relations would suggest, she was beginning to make the distinction between herself and her outside world. She was moving from the preattachment stage to the attachment stage of development. This important distinction seems needed in order to have the capacity for compassion and/or empathy. She was becoming a "self" relating to another distinct "self".

Preattachment

Mahler in, On Human Symbiosis and the Vicissitudes of Individuation (1968),

writes that a normal state of autism exists at birth. The infant, other than attaching at the breast, does not experience oneself as attaching to another. Even the physical attachment at the breast is perceived as an egocentric awareness. Mother's breast is merely an extension of the infant. The child has no mental representation of the mother object at this point. Around the 16th month of life, isolated images of the mother gradually coalesce into an enduring mental representation (Sandler and Rosenblatt 1962). At the same time an enduring self-representation forms, first as a body-representation and later as a compilation of sensations and experiences perceived as belonging to the infant (Gabbard 1990).

It is in the first 2 - 3 months of life that the infant, in an autistic phase, "appears self-absorbed and concerned with survival rather than relatedness (Gabbard, p. 36). This is considered the preattachment phase. Moreover, when a client begins therapy, it is the goal of the pastoral therapist to make the therapeutic environment safe enough for the client so that the client may move easily from preattachment to attachment or relatedness with the therapist. Althea Horner mentions the "black hole" or experience of "nothingness" that clients speak of when they are thrust back into the "primitive terrors of the preattachment stage when loss of connection with an object is experienced" (Horner, p. 16). The early weeks of therapy are indeed reminiscent of the infant's needs for nourishment and survival. If there was a threat to this survival, establishing a therapeutic alliance will become difficult. The first and most important task of this particular therapy will be to establish "enough" trust to begin the process.

Attachment

The caretaker's emotional availability and capacity for empathic response are important to the process of attachment for the infant. It is at this important period that

the foundation for an effectual relationship, and what Erikson calls “basic trust”, is laid down. If a client has not received empathy or enough empathy from mother a depressed affect with underlying rage can develop. Failure of attachment may carry with it severe deficits in the early organization of the self (Horner 1991). The therapeutic attachment of client and pastoral therapist are foundational for healing. In other words, the therapeutic relationship becomes of utmost importance in working through the issues which the client brings to therapy. As a result, attachment issues of the therapist are crucial for the pastoral therapist’s understanding of self.

Part way between the process of attachment and the process of separation-individuation stands the undifferentiated self-object representation (Mahler 1968). These are blurred images of the self and object. They are not integrated images. A client may reconstruct this stage in therapy. A client may blur the lines between self and therapist. The client may also blur the lines between love and hate, good or bad.

This is a normal developmental stage for the child, yet if the split continues into adulthood the adult has problems holding onto relationships. When an object that has been experienced as “good” is then experienced as “bad” the object can become discarded by the individual. In other words, “splitting is a defense against the intolerable anxiety of intense ambivalence” (Horner, p. 19). It seems more comfortable to rid oneself of the object causing ambivalence or a part of the object, then to endure the anxiety in hopes of growing through the experience.

Separation And Individuation

The internalization of “good” and “bad” objects are a necessary aspect of development of self. It is helpful at this point to review briefly Melanie Klein, one of the founders of the Object Relations Theory movement. According to Klein, in the first few

months of life the infant experiences the primal terror of annihilation connected with Freud's death instinct. As a way of defending against this terror, the ego undergoes splitting. All "badness" or aggression is disavowed and projected into the mother. The infant then lives in fear of the mother's persecution which may be a fear that the mother will get inside the infant and destroy any "goodness" that might be protected in the infant. This fear is the primary anxiety that Klein refers to as the paranoid-schizoid position (Klein 1942). The paranoid-schizoid position is used to separate "good" and "bad" . After the bad object has been projected into the mother to separate it from the good, it may be reintrojected into the infant to gain control and mastery. The good object may be projected to keep it safe from the bad which is now inside. These oscillating cycles of projection and introjection continue until the infant begins to realize that the "bad" mother and the "good" mother are in fact not different, but the same object. As the child integrates two part objects into one whole object the child wonders if their fantasies have destroyed the mother. This concern for the mother is experienced as the depressive position (Klein 1946). Guilt becomes the main feature of this position. The child attempts to repair the damage they imagine that they inflicted through reparation. (Gabbard 1990). Throughout life the self continues to deal with and deal with again the conflictual nature of "bad" objects and "good" objects that have been projected and introjected and that present themselves in current relationships.

During the separation and individuation process the self differentiates from the object, with both its good and bad qualities. The mother functions as a frame of reference. If this frame of reference is lacking the sense of self will become unclear. The child experiences separation panic. Their sense of self is not firm enough to hold them. There is a lack of self trust. In therapy, an empathic failure on the part of the pastoral therapist can produce separation anxiety in an individual with weak ego

strength. Yet, therapeutically this becomes a period of “practicing” separation. As the child needs to come to the realization that mother cannot be all and everything to the child, the child realizes that mother can be there when it counts. The child also comes to the realization that they are a self with abilities capable to meet their own needs as well. This produces ego strength or confidence. Joy in mastery makes the separation tolerable. Erikson notes this as a time when the child can have both a balance between a sense of healthy autonomy and a sense of shame (1950). The term rapprochement has also been used during this period. “It suggests the alternating moving away from mother and the return to mother for emotional refueling” (Horner, p. 25). Winnicott refers to the mother’s ability to provide a holding environment for the child that is not too rigid and at the same time not too porous (1965).

Identity of Object Constancy

Although the child may be angry at the mother for some failure of empathy, she is still the mother who is loved and valued in her own right. Love tempers the anger and we do not see the cold rage of more primitive stages of splitting. The individual has achieved the capacity for ambivalence. There is a shift to some integration. Mother is no longer either all good or all bad. The child is beginning to make room for good and bad objects within the same mother. Horner states, “with integration the complex differentiated self and the sense of having a single identity come into being and provide a foundation for an unfolding individuality” (p. 27).

A client who is able to achieve some sense of object constancy will deal more in the here-and-now in relationships rather than being coloured by the forgotten past. There still remain archaic self and object representations in the unconscious but are

mitigated by reality-dominated perception. Where the infant needed the mother to comfort and relieve anxiety, the individual now has the capacity to relieve its own anxiety. Winnicott refers to the use of transitional-objects. For a child it may be a blanket or toy. For the adult it may be a photo or material object with "special" meaning that allows them a form of physical separation from a love object. Freud refers to the superego that guides the individual in making decisions for itself. In a healthy adult object relations refers to this as being the good mother internalized in the individual.

Oedipus Complex and the Triangle

As the self differentiates from the mother object, so the mother and father object separate more firmly for the child. In the oedipal period the sense of a triangle, or wanting and needing both mother and father and wanting and needing to be special to father and mother, becomes important. The child is aware of two parenting objects. Competitiveness within the triangle produces anxiety for the child. Not only will the child realize new anxieties but the parents will also. It will become important as to whether or not mother and father can tolerate their own anxiety. Will mother be OK with child attaching to father? Will father be OK with child attaching to mother? The child's sexual strivings begin to emerge and play a role "specialness" with one or both parents. It will be extremely important for a father to accept a daughter's sexual identity as it will be important for a mother to accept her son's sexual identity. Same sex identification is also occurring at this time. Daughter will be identifying with mother and son will be identifying with father. How comfortable mother and father are with these roles influences the development of the child.

Likewise, in therapy, the comfort or discomfort of the pastoral counsellor with

sexual identity issues will influence the work that can be done around issues involving the oedipus stage.

2. Organizing Principles of Object Relations Theory

Transference and Counter-transference

“The persistence of childhood patterns of mental organization in adult life implies that the past is repeating itself in the present” (Gabbard, p. 10). The client will most certainly experience the pastoral counsellor as a significant figure from the past, particularly if the therapy is steady and long term. Characteristics of the past figure will be attributed to the therapeutic relationship. The client will unconsciously reenact the past relationship with the pastoral counsellor in the present. This reenactment will serve as a healing tool for the therapy. Every relationship is a mixture of transference and reality. In therapy this dynamic can be extremely useful if the pastoral counsellor has some awareness of the transference and of their own counter-transference. Gabbard points out that (p. 11) “counter transference is monitored by the constant internal vigilance of the therapist, who notes the emergence of powerful positive and negative feelings toward the client and reflects silently on the possible origin of those feelings in the context of past relationships.” Kernberg, in fact, suggests that counter transference is the therapist’s conscious and appropriate total emotional reaction to the client. I could not agree more whole heartedly. The more conscious the reaction, the more information the pastoral counsellor has at their disposal. Counter transference is a helpful diagnostic tool. The more the pastoral counsellor is aware of self, and the more the pastoral counsellor is aware of the ongoing dynamics in the

therapeutic relationship, the more the pastoral counsellor can use this information to aid in the healing process of the client. Self understanding, and as we shall see, identity is crucial in the practice of pastoral counselling.

Neutrality

In order for a clear map of the object representations within the client to emerge, the pastoral counsellor must maintain as neutral a stance in the room with the client as possible. The less material the client has to interact with in regards to the pastoral counsellor the more the client's own object representations will be placed onto the pastoral counsellor. If the pastoral counsellor does a good job of keeping the therapeutic relationship "clean" and free of contamination, then the pastoral counsellor can depend more on the accuracy of the dynamics being experienced in the room with the client. Likewise, the pastoral counsellor can trust his/her own counter transference experiences to a greater degree because in a relatively uncontaminated environment the dynamics being stirred within the pastoral counsellor are most likely the influence of the client/therapist relationship.

Setting the Frame

Therapy cannot proceed without a frame or set of understandings agreed upon by both the pastoral counsellor and the client. I believe that pastoral counselling has a unique frame that aids in healing.

The frame involves the setting of fee, time, place and frequency of visits. Neutrality plays an important role in setting the frame. Hopefully, the frame keeps in containment any risk of contamination to the therapeutic relationship. As a result, ground rules are set down for what therapy is and is not. Pastoral counselling can

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include in the frame an understanding that theological language and concepts may be used. It could acknowledge God as a participant in some fashion in the therapeutic relationship. Or it could simply include the church building as the setting for therapy. Mainly, setting the frame allows the pastoral counsellor and the client to know when therapy begins and ends and what is appropriate to therapy. This insures safety for both the client and pastoral counsellor.

Ego Assessment

Safety is an important consideration in therapy. Assessing ego strength early on is not only a helpful diagnostic tool but allows the pastoral counsellor to develop a treatment plan that is appropriate. Going “too fast” with a fragile client is unethical and dangerous. Again, the pastoral counsellor must have a sense of self in order to make an ego assessment. Does the pastoral counsellor “experience” this client as porous or rigid, tight or fragmented. These are experiences one can only have within the dynamics of a relationship. They are not easily measured outside of a relationship.

Resistance, Holding Environment, and Working Alliance

Resistance is not “bad”. It is, yet again, another tool at the disposal of the therapeutic relationship which has the potential for truer understanding of the client. Why is a particular defense being used? How does it serve the client's anxiety? Is its purpose any longer useful? And, finally, can moving towards the resistance be healing for the client. Likewise, does the resistance have anything to do with the pastoral counsellor's countertransference? Could my client be reacting or responding, even unconsciously, to a dynamic which is uncomfortable for me? Once resistance is

explored within myself and how I understand the dynamics of the therapeutic relationship, then as a pastoral counsellor, I can make decisions concerning whether or not to make any interpretations concerning the resistance.

This brings us to the holding environment. Winnicott speaks of the holding environment as the ability on the part of the pastoral counsellor to “hold” or “contain” disavowed material from the client until the client is able to look at and/or receive back that disavowed material. I have found in my experience with clients that a non-anxious presence is helpful in establishing a good holding environment. I think for some clients my gender plays a role. I was particularly aware of my capacity to providing holding while pregnant with my children and seeing clients. Throughout most of the pregnancy the holding environment was maintained, while during my third trimester, with some clients, the holding environment became less dependable.

Once a holding environment is established, a working alliance can begin. This alliance is agreed upon both by pastoral counsellor and client. It is agreed upon consciously by accepting the frame for therapy. Sessions are kept and begin on time. Likewise, the alliance is agreed upon unconsciously. Usually a positive transference occurs and the work of therapy, although difficult, proceeds.

3. the Healing Function of the Therapeutic Relationship

The Counsellor as Self-Object

Kohut, a self psychologist, (Greenberg and Mitchell: 1983) considers the relations between the infant and his/her parents or selfobjects the basic constituents of his/her psychic development and structure. Greenberg and Mitchell go on to state, "For Kohut, the child is born into an empathic, responsive human milieu...The beginnings of the self emerge...But the nascent infantile self is weak and amorphous...The child's selfobjects provide constancy, cohesion and stability (p. 353). Over time the child will internalize these selfobjects as voices within his/her own self. The pastoral counsellor becomes a selfobject for the client in the degree to which the client has deficits in this area. It is through empathy that the client receives the pastoral counsellor as selfobject.

Some clients have reported to me that they can hear my voice and what they imagine I would say to them in a certain situation during the week between sessions. They are in fact saying to me that to some extent they use me as a selfobject. The need for, and use of, self objects is important for healing in therapy. It is an important developmental step in the relationship between child and parent. Problems can arise if a child's selfobjects were too punitive and demanding. Problems can also arise if a child's selfobjects were too fragmented or too "thin" to sustain enough constancy in the child's development.

It is because a pastoral counsellor can so often become a selfobject to a client, (in fact this is a positive aspect of therapy), it is important that the pastoral counsellor become aware of his/her own capacity for maintaining constancy in a relationship.

How does the pastoral counsellor use his/her own selfobjects? In other words, what does it mean when a client disturbs me or creates anxiety within me? I must answer these questions for myself as a way to understand the client and "our" relationship. Who I am as a person and how I was shaped in my own development become extremely useful attributes to the practice of therapy. I must become aware of them in order to use them.

Counsellor As A New Object

There comes a time during the process of therapy that the therapeutic relationship is no longer functioning in the "first stage" of therapy. In fact, the relationship has progressed to a point where unconscious material is frequently at work, no longer deep underground, but rather just below the surface of the therapeutic relationship. Usually recurring psychic patterns are emerging. Yet, hopefully new patterns of relating are beginning to be possibilities for the client because of the healing function of the therapeutic relationship. Greenberg (1986) states that "the therapeutic relationship is one within which changes in the self in relation to the object take place." The client may be encouraged to relate differently this time, in this therapeutic situation, than he/she would normally relate. Yet, this can only be interpreted by the pastoral counsellor if first the client relates in their usual manner, thus repeating their pattern of relating to objects. The pastoral counsellor uses the opportunity to point out the relating pattern, raising the client's awareness of the pattern, and suggesting that there might be other alternatives. The therapeutic relationship can "practice" or "try on for size" other ways of relating. Therefore, the pastoral counsellor becomes a new object for the client. The client can then internalize this new object to be used in their repertoire for future relationships.

Horner warns though (p. 153) that as a pastoral counsellor becomes a new object an identification process is occurring. "These identifications are analogous to the early developmental identifications that are intrinsic to development, both healthy and unhealthy." Horner goes on to say, "It is important to be able to recognize the difference between these developmental identifications with the therapist's functions and self-enhancing attitudes and the often-occurring identifications with an idealized object. If the therapist is overly gratified by this idealized identification, he or she may inappropriately reinforce this process.

The Real Relationship

Paolino (1982) states that "the real relationship can be distinguished from the transference in that it is relatively less distorted, non-neurotic, appropriate, relevant to the current situation, and not characterized by an indiscriminate duplication of the past" (pp. 231-232). There are really two relationships going on in the therapy room. One is the therapeutic relationship that contains transference. The other is the relationship of the pastoral counsellor and client who are also two real people. Healing cannot occur if a client, or for that matter, a therapist is unaware of the real relationship also present. Otherwise the therapeutic relationship is in danger of becoming inappropriate and/or unhelpful.

As you can see, objects play a vital role in the personality development. Object Relations theory depends upon the ever working objects in our lives to understand current relationships. The most important relationship to understand is the relationship with self. As we know ourselves we can make sense out of our worlds. Therefore, as a pastoral counsellor identity is not only a helpful personal tool, it is a therapeutic tool in which I use the understanding of my own objects in order to relate to the objects of my clients.

B. A Process Theology Perspective

I. The Actual Occasion

The writings of Alfred North Whitehead offer an interesting and helpful philosophy which bridges nicely with object relations theory in psychology and process thinking in theology. Whitehead is concerned with the “relatedness” of actual occasions. Actual occasions, or entities, are (Sherburne: 1966) “the final real things of which the world is made up. There is no going behind actual entities to find anything more real. They differ among themselves: God is an actual entity, and so is the most trivial puff of existence in far-off empty space” (p. 7). I believe process thought has something genuine to say about what occurs in the room among the pastoral counsellor, the client, and God. Something “real” is happening which comes out of “real” occasions of experience from the past which, portions of, are mixed into the present, ready to create something new in the present. Yet, not entirely new. The past is always carried forward into the future, albeit altered somewhat. To say the least, with God’s involvement in the process or God’s “aim”, (to use a term of Whitehead’s), the altered newness of the present moving into the future is filled with endless possibilities.

In pastoral counselling, during the clinical hour, a client and the client/pastoral counsellor relationship goes through a series of experiencing occasions. Whitehead says that these are subjective experiences. Whitehead describes an actual occasion of experience as a “droplet of subjectivity arising out of its predecessors” (Jackson: p.

3). Jackson goes on to explain Whitehead, "Each moment of experiencing, whether its conscious content is a paining big toe which has just been stubbed or a brilliant flash of instant, has an identical structure. It begins in the initial phase, grows together through the intermediate and completes itself in the final phase or satisfaction. It then becomes new material for the next occasion." Whitehead said, "the objectifications of other actual occasions form the given data from which an actual occasion originates. Each actual entity is a throb of experience including the actual world within its scope. It is the process of feeling the many data, so as to absorb them into the unity of one satisfaction" (Sherburne p. 8). I am suggesting that this process occurs as well in therapy. The client experiences occasion after occasion, adding on and changing experiences as they go. It usually takes a number of sessions for the client's awareness of change to be experienced by them personally, yet the transformation has already been taking place.

In this chapter I will explore Whitehead's philosophy as he outlines it in Process and Reality, with the help of Sherburne's book, "A Key to Whitehead's Process and Reality". I will also use the help of Gordon Jackson's understanding of Whitehead in Jackson's book, Pastoral Care and Process Theology.

Prehensions

"The first analysis of an occasion, into its most concrete elements, discloses it to be a concrescence of prehensions, which have originated in its process of becoming" Sherburne p. 9). Every prehension consists of three factors: the subject which is prehending, the datum which is prehended, and how the subject prehends the datum. For example, the client may be reporting an experience from the present. As the reporting goes on the client may experience flashes of emotion that incorporate

experiences from the past as well as the present. Yet with each present experience, those past experiences get shaped onto slightly new ways of experiencing. The client “views” the experience based on their experience of similar situations in the past or of a particular situation of the past that has recurred in the present. And if that were not enough, the client also gathers immediate flashes of emotion in the telling of their event and how they perceive it is being received by the pastoral counsellor. All of this may happen in a five minute or less duration of the clinical hour. Once “that” five minutes is digested by the brain nine more five minute periods of time are yet to come. Yet, at the end of the clinical hour, the client may identify one moment that was of particular importance. Although, they may not know why.

A datum is a sensation or single, minute feeling. An actual occasion consists of many minute feelings or datum. Nonetheless, one datum can reach out more than the others. Whitehead terms the simple physical feeling that reaches out as the “vector” which means in Latin, “to carry”. The vector carries the likeness of one prehension into another prehension. In other words, one aspect of an occasion gets carried to a new occasion, while the remaining sensations are left in the past moment.

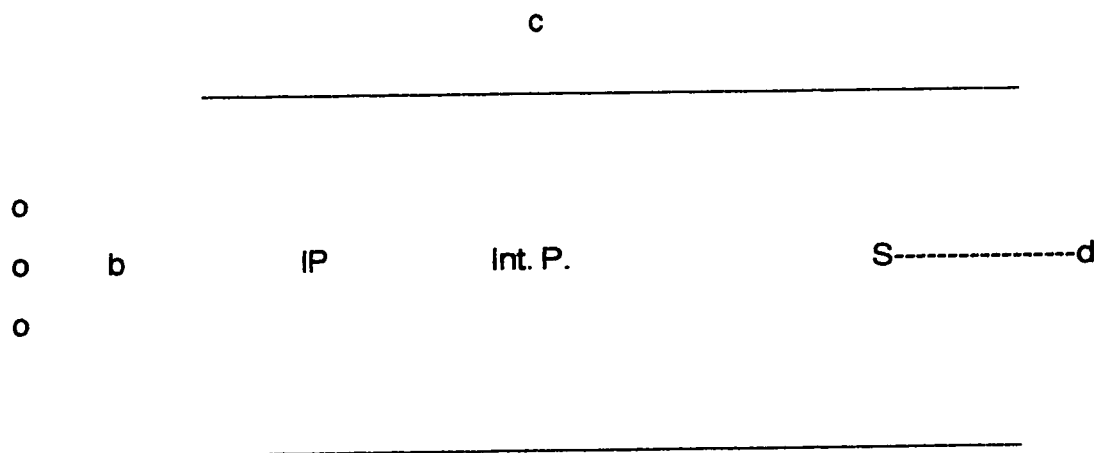
Whitehead seems most interested with this “transition” period of experience. It is similar to a client being carried from one experience of raw feeling to the next in a matter of seconds. The unconscious can sift through the data, leaving the client’s conscious awareness with glimpses of emotional and physical responses that are either instantly understood or cause puzzlement for the client. Yet it is in these shifts or transitions during the clinical hour that the “process” of therapy has its power to transform a client, even if in minute ways. Add these “occasions” to what Whitehead refers to as the “Aim of God”, and “God’s participation” in each occasion has extraordinary possibilities.

Sherburne writes of Whitehead’s understanding of conformal feelings:

"It is a feeling *from* the cause which acquires the subjectivity of the new effect without loss of its original subjectivity in the cause. Simple physical feelings embody the reproductive character of nature, and also the objective immortality of the past. In virtue of these feelings time is the conformation of the immediate present to the past. Such feelings are conformal feelings" (Sherburne, p. 12).

Jackson provides a helpful diagram, in figure no. 1, to describe an occasion (Jackson, p. 4).

Figure No. 1



b= past "moment" b

o= past and myriad other feelings

c=present "moment" c

d= future "moment" d, a single next occasion to represent all other future occasions

IP= Initial Phase

Int. P.= Intermediate phase

S= Satisfaction

Solid lines (top and bottom of “moment” c) mean that “moments” contemporary to each other do not effect each other

Dotted lines represent flow-through: the flowing of the past into the present, through the present and into the future for another “moment”.

Jackson explains his diagram:

“The initial phase (IP) is the experience of birth. The past, all the o’s, but focused on b, offers itself to be experienced. This is past remote and past contiguous; it is the past of this particular moment of experiencing. When the past was an experiencing subject in the present, it was experiencing unities of feeling. The present moment, c, initially “grasps” these past unities with the same feeling tone that was felt in the preceding occasion of experience. If anger is the feeling tone of b, then c feels (or prehends) this tone of anger angrily. Yet c feels the anger with the twist of a new possibility, i. e., perhaps with a touch of humour. The possibility of feeling the anger differently may be fed to it by God. In fact, the birth of the moment, c, is an act of God coupled with the given of the past moment, b, which is carried into the present as the present occasion grasps it. To the past’s gift of itself and God’s gift of novel possibility, the moment, c, responds with its own aim, that is, what it “intends” to do for its moment of becoming and for all moments beyond for which its own aim will have some responsibility” (pp. 4-5).

In other words, every present moment of our lives contains within it all experiences of the past, yet within those endless, one after another experience, particular aspects of experience that have the energy to move forward into the next new experience actually causing the next new experience to be different in some way. If the same experience is repeated, the energy that moves forward may be slightly different than before, altering the moment forever. For this reason, each time a client tells their story they create a new experience of it. “As the theory of conformatal feelings helps us to understand how neurotic (and all stuck) patterns develop, so does it help us to understand therapy” (Jackson p. 37). Experiences of new reality during the therapeutic hour, between the client and pastoral counsellor, offer new patterns of self-acceptance and self-respect.

The Ontological Principle

Whitehead states that, "every condition to which the process of becoming conforms in any particular instance, has its reason either in the character of some actual entity in the actual world of that concrescence, or in the character of the subject which is in process of concrescence. This is the ontological principle" (Sherburne p. 17). Whitehead believed that existence is derived from the abstraction from actual occasions. When clients bring their experiences into the room, they bring their substance with them. Who they are and who they are becoming is part and parcel of their vast experiences. The same, of course, holds true for the pastoral counsellor. The pastoral counsellor brings the substance, what is real, about who they are into the room through their own life experiences, instincts, sensations and awarenesses.

For Whitehead, the actual physical world is built up of actual occasions. "Apart from the experiences of subjects there is nothing, nothing, nothing, bare nothingness" (Whitehead: Process and Reality). I would suggest, that we exist as we relate to the world, God and to one another. Each moment is an "existence" of life. God joins each "moment" which then becomes God's continuing creative energy in the world.

2. The Formative Elements of Process Theology

External Objects

Every moment has potential to become all God intends for that moment.

"Potentiality becomes reality; and yet retains its message of alternatives which the occasion has avoided" (Sherburne. 22). In other words, a client in any given moment of the clinical hour has the potential to fulfill "fully" that given moment. Even if the client merely gleams a morsel of the potential for that moment, the full potential for that moment remains available fully. Therefore, endless possibilities are available in the decisions of the client (and of the therapeutic relationship for that matter) for every given instance for growth and transformation. Whitehead said, "Every item in its universe is involved in each concrescence" (Process and Reality). That suggests a great deal of potential!

God

"The things which are temporal arise by their participation in the things which are eternal. The two sets are mediated by a thing which combines the actuality of what is temporal with the timelessness of what is potential. This final entity is the divine element in the world" (Sherburne p. 25). In other words, there can be no occasion apart from God. God's aim or full potential for a client enters every occasion the client experiences. God adds God's aim to every occasion, thus creating novelty for the client rather than old tapes being played once again. Whitehead states that, "apart from the intervention of God, there could be nothing new in the world, and no order in the world" (Process and Reality).

Anything that is new and creative is an indication of God's activity. I find in my clinical work that when clients have an awareness of this concept (and it is usually an experienced awareness) they begin to "trust the process" of therapy whether they are sure of where the therapy is leading them or not. It is at this point in therapy that a client lets go and takes, if you will, a giant leap of faith. They become willing to abandon, even if for only brief moments, long exercised defenses. This is usually a period in therapy filled with energy, excitement, and hope. As some clients have said to me, "Something's going on here."

In process thought there is no underlying reality to which things happen. The client "is" what the client is experiencing, moment by moment, ever filled with the possibility of changing. The pastoral counsellor, also, is a dynamic being, experiencing moment by moment with the new possibility for something different. A pastoral counsellor can either be aware of the process going on in the room, aware of the process in the client, aware of the process in themselves. Or, the pastoral counsellor can miss the opportunity for creativity by treating the client as a static being in which the task of the pastoral counsellor is to observe and treat. Likewise the pastoral counsellor misses the point if they are unwilling to join the moment within themselves, and to lean towards the "lure" of God, as they experience the therapeutic hour with the client. Jackson writes, "Each condescending fraction of a second the experiencing Other was responding to "old tapes", but with twists, if ever so slight, made possible by all kinds of lures, for example, the carer" (p. 8). Perhaps the pastoral counsellor can be a vehicle for God's aim for the client, participating in this process of change by entering into the client's moment. To say the least, the pastoral counsellor is always being shaped by the moments and experiences of each and every clinical hour. The pastoral counsellor is, in other words, always changing as well.

Chapter III

A Case Study of Pastoral Practice

Early on in my clinical practice a client began therapy with me. She stayed with me for three years and left an imprint on me that has grown faint with the years but will never truly disappear. This case shaped me profoundly. I will refer to her as Sally.

Basic Data: When Sally came to see me she was 34 years old and single. She reported no significant relationships. Sally was University educated and was working as a professional in a large urban area. She attended an evangelical-oriented church and was quite active in the programs of this church. Sally's parents also live in the same urban area, as do her three younger siblings. At the time of her initial interview, Sally had recently purchased her own house. She was a first time home buyer and was proud of this accomplishment.

Presenting Problem: Sally presented with feelings of insecurity in social situations and felt herself to be an underachiever in her professional world. She was experiencing fatigue, problems concentrating, weight gain and a real sense of hopelessness. She said, "If I don't feel better by the time I'm forty I won't want to go on with my life." She began speaking of her chronic tardiness at work, her "lost weekends" where in a trance-like state she would shut down. She stated her difficulty cleaning her house (to the point at which she never hung up any of her laundered clothes, instead piling them onto a bed in an extra room), her isolating behaviours, and her disturbing self-critical and judgmental nature. Finally, at the end of the initial interview Sally reported an abortion she had ten years ago.

Diagnostic Evaluation: Sally presented with dysthymia. But there was also an

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obsessive-compulsive personality style to her character. Since her grade 7 and grade 8 years in school, she had attempted to do the "right thing" regarding morals, faith, and God. A rigid religiosity permeated her personality, which was buttressed by a judgmental introjected father and mother. Sally strived to recreate some "golden past" where she believed her relationship with God was once pure. She would attempt this "golden past" in the clinical hour when Sally would escape into her ideal world. She disparately wanted to achieve a right relationship with God. Although she could not name it until session 38, her abortion played a dynamic role in all her relationships and feelings about herself. Sally, in session 38, said to me, "I work hard at doing the right thing to please him (God). I want to...I want to please him. Not that I...I believe weakness and temptation befall all of us. I can understand how people slip into extra-marital affairs, I understand how temptation presents itself and we fall, but then what do we do with our sin? Isn't that the crux of the matter? What do we do with our sin once we see it? Are we gonna do what Saul did? Saul...the difference between Saul and David was what they did with their sin. When David murdered a man to get his wife Nathan the prophet came down and said...and told his little parable about the sheep and pointed at David and said...and David got all aroused, we gotta throw that...we gotta get that man, that man's harmful, string him up, and Nathan looked him in the eye and said you're the man. David was heartbroken, he was mortified, he saw...he saw himself and he didn't deny it, he saw his sin. He went to God, he was remorseful, he...and then his child fell sick, ya know, and he lost his kid, he had the sack cloth and ashes. Saul on the other hand, wasn't guilty of murdering a man.. All he did was offer sacrifice on the alter. You know, he was getting ready to go into battle, he was losing his men because they were all getting...he couldn't go into battle until Samuel came along and lit the fire right okay, Saul waited as long as he could, sure enough as soon as he lit the fire out comes

Samuel and Samuel says, "what's this all about", and he says well ya know I was losing my men da...da...da..he justified his sin. This was goin on and this was going on. The difference between...and David was a man after God's own heart. God said that David was his friend. Saul, he cut off from the lineage of the kingdom, Saul he absolutely cut off."

When I asked Sally if "she" was cut off, she responded by saying, "I don't know which my heart is...(sobbing) Am I justifying my sin? Because she had earlier brought into her therapy the information that she had had an abortion, I then asked her what happened with the abortion, why did she choose to have it? Sally responded: "I don't want...I couldn't bear the thought that six years later some little girl would be going to school somewhere and I didn't know. That 16 years later she would graduate from high school and I wouldn't be there. 23 years later she might get married and I'd never see her husband. It was the worst form of selfishness. It wasn't the public shame, it was...well I mean that had a lot to do with it, I didn't want to have to go away and have a baby and come back and act like nothing ever happened. But it all boiled down to the fact that I didn't think that I could go through life knowing that there was a daughter of mine out there somewhere and I didn't know how she was being raised and I didn't know who she was and she wasn't gonna know who I was. I remember about someone I met in college who admitted she had a baby and every year on that day she mailed a birthday card somewhere thinking of that little girl, and I couldn't face that for the rest of my life. I couldn't face it." I said to her, "It must have been the hardest decision you've ever , ever had to make." Sally respond, "Scary thing about it was, that once I felt that I had my mother's approval, it was easy. That was scary, cause I had to look myself again in the face and say, why was it that you wouldn't consider an abortion until your mother brought up the issue, why is it suddenly okay cause your mother says it's okay? Can't you make a decision about this issue all by yourself and

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say you're right no I can't and I'm gonna have it."

Theological diagnostic evaluation: Sally was suffering from guilt over a decision she believed was sinful. Unsure of God's forgiveness, she experienced spiritual alienation.

Therapeutic Plan: Goal 1) To alleviate her depression. Sally and I met weekly for a clinical hour of *pastoral* psychotherapy. Her tardiness was noted at sessions. Goal 2) To discover the meaning of her symptoms, especially her "lost weekends". We began by exploring her historical relationship with mother and father and God. Goal 3) To strengthen her self-esteem. As her pastoral counsellor, it was important to be a non-judgmental container and to represent to her a loving God.

Content: Content centered around Sally's "lost weekends" and later the abortion. She began most sessions, early on in her therapy, reporting the nature of her weekends. She named them as unproductive and described herself as being in a trance. She would find herself sitting in front of the television, her mind full of cotton, watching one movie after another. She noted that, "before she got anything done it was Sunday night." Another lost weekend. Her only reprieve from unproductivity was reading in bed, with clothes piled around her, late into the night.

On occasion, Sally seemed to fall into a trance-like state with me during the hour. Usually, in this state, she would recall her golden past when her world was brighter and she was full of energy. She would become theatrical at these moments. As a result, it was as if I were watching a performer on stage. Her movements were exaggerated. Her diction precise. Her voice almost lyrical. "I remember Grandmother's house", she would begin. "The rooms were delicately appointed. I remember the fresh cut flowers on the tables. Lace everywhere. And in the front yard in the summertime, with its trees and lush green grass I would see my cousins playing. I loved my grandmother's house. I even felt closer to God then, my first love."

Sally desperately wanted to experience closeness with God again. She described this hope often and in romantic terms.

Yet, Sally also spoke often of her young adult years and her sexual experiences. She described her relationships with men as, "always becoming sexual." She said that she enjoyed sex yet also felt at the same time, "dirty and sinful before God." It was difficult for her to resolve her sexual yearnings with her yearnings toward loving God. This produced a great deal of conflict within herself. The only way she seemed to manage the turmoil was either to escape into a transcended God object or to shut down all awareness. Sally recalls, in session 38, a disappointment . She was living with her boyfriend and they were engaged to be married at some later point. She describes inviting her neighbours over to her house . "A year after I had been in the house and he had been there how many months, I don't know, I decided to invite the neighbours over for a little Christmas open house and to announce our engagement. So I invited the whole neighbourhood. This was years ago and my next door neighbours who were in their late fifties, I guess early sixties, left a note on my door. It was there when I came home one night from work. Yeah, I wonder what I did with that, its funny I don't remember. But what it said was, that um...they had chosen a note instead of a confrontation cause they felt that was easier for me, and they said that um they liked me and my sweet spirit but they couldn't in good conscience come over to my open house as long as I was living with this man, because they knew that I...because I was grieving my Holy Spirit."

Unresolved oedipal material was present. She could become defiant and enjoyed speaking about her weekly arguments with her father. Yet, this soon turned into self-loathing. Sally came out of a rigid family system and religious system. God (Father and Mother) represents an authority who can stand in terrible judgment over her. When she had the abortion her parents asked her to go before the church,(which

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was the custom in her congregation when “one had sinned”), and ask for forgiveness. Unfortunately, this was a humiliating event and, therefore, Sally experienced herself as an unforgivable human being. In response to God (Father and Mother) Sally strives, in her words, to become “a star for them.” She even dreams of acting in theater and literally becoming a star. Theater was a place where she could receive applause for her hard work and natural talent. If she can only rise above her humanness, thinks Sally, she *might* be acceptable. I attempted to use the therapeutic frame as a holding environment for her. Slowly, over time, she began talking with me about the abortion. It will take Sally three years of therapy to *begin* to integrate her introjected bad self object with her good self object, beginning to tolerate both; abortion and all.

VI. Description of Session 38: The session begins with Sally’s dilemma over attending a co-worker’s baby shower. This dilemma touches directly on the events in Sally’s life which have prevented her from being “good enough.” Sally immediately retreats to the safety of self-righteousness. She begins speaking of a Bible study the evening prior to this session where, as she describes it, “St. Paul tells us not to participate with the acts of sinners, but to refrain from fornication.” Sally then returns to her dilemma regarding the baby shower. She complains about the way her co-workers gossip when they get together outside of work hours. She is attempting to do the “right thing” by not eating with sinners. Although she wants to eradicate sin and sinners from her life, she really wants to eradicate her own sin which she has not been sufficiently able to do. I invite her to talk with me about what her own “sin” might be.

At this point in the session it becomes important for me to travel with her as closely as possible in the “moment”. As she inhales air and then lets it out with a sigh to begin her next sentence, Sally experiences the past in the present. So far, it has been difficult for her to allow a pulling forth of something new in the moment that might shape her experience in a creatively life-giving way. She is experiencing whatever it

is, again and again, that she continues to carry with her in regards to what she considers her "sin". As I inhale the air in the room with her continuing my own breathing, I notice that I am slowing my breathing rate to match hers. As I listen to Sally, I am not running from her because of her "dirty sinfulness". I sit across from her in a stance of compassion as she tells me that she relied on the authority of her mother to make the decision to abort. Sally goes ahead with the abortion, with her mother's blessing, yet also realizes that there will be a price to pay later with critical mother. Sally still grieves the baby she hardly carried. Her pain is great because, according to Sally, her sin is great. She ends this session by saying, "Maybe I can't go to the shower, because after all she's going to *have* her baby. I killed mine."

It is time for the session to end. Sally is aware, as I am, that the scheduled time has been completed. At that moment, because I can do no other, I say to Sally that I need to just sit here for a moment. I tell her that she has given me something very heavy to hold and I need to sit for awhile. She sits back down sobbing. In that moment I experience within myself a sense of compassion. When Sally returns the next week, she recalls this last moment of session 38 as being a moment where she knew, just for a moment, that she could *maybe* forgive herself.

Sally did not finish her work in therapy by experiencing *this* moment. Instead, *this* moment allowed Sally to continue with another moment and another moment, with some positive twists and opportunities and, yes, some not so positive twists. Yet, Sally continued in therapy with me for three years. At the end of those three years she had experienced two more romantic relationships, was willing to explore her sexual orientation, became less rigid in her presentation of herself. Yet, she terminated when I invited her to join a psychotherapy group I was leading. She attended a few sessions and a rebellious aspect of her personality arose. Most likely in response to mother/father object material as she experienced "me" along with others. I suspect

she had feelings of jealousy and attempted to compete for my approval. I learned a lesson in regards to long-term individual clients who have attached strongly to me, and making a transition into a group modality. I regret that I never saw her after that termination. Yet, I believe that the "moments" we experienced in therapy have found themselves expressed in numerous later moments in her life. I know that these "moments" have in my work with later clients.

Sally was in some ways a self object for me. Working with her allowed me to experience parts of myself and accept those parts as "good enough". Working with Sally enabled me to appreciate every second of the clinical hour. For the first time in my work with clients I was seeing and experiencing a thousand experiences and objects held within one individual. Session 38 touched me deeply because I was aware of God's involvement in the process. When I "held" something heavy for her and could not bring myself to get up to leave the room, I was aware of God's presence nudging both of us throughout the session to courageously choose each step and turn each "moment" towards wholeness and healing. God's aim for healing was embodied within the experience of the clinical hour and the reliability of the occurrence of transference. Every time I enter the room with a client that possibility is available.

Conclusion

It is evident, in my opinion, that the training of pastoral counsellors is in need of reform. Claiming one's theological training as the foundation on which to build clinical skills is invaluable. If seminaries and training centres are to equip the saints for ministry, focus on integrating pastoral identity with clinical identity is a must.

I would propose in pastoral counselling training programs a foundational course on use of theological paradigms in understanding and diagnosing clients. Wayne Oates, Behind the Masks, is an excellent volume looking at personality disorders from a religious perspective. Moreover, spending time exploring the concepts of forgiveness, sin, redemption, atonement, etc., as it relates to clinical work will enhance the therapeutic relationship. Pastoral counsellors use words such as individuation, ego strength, boundaries, etc., when writing up cases. Theological words are also appropriate and legitimate in case discussions.

In fact, it would be useful to interpret cases theologically, using biblical stories, as a valuable portion of standard case write-ups. The church must reclaim its therapeutic roots and not be ashamed to use all our skills as we work together with God's aim for wholeness and healing of all God's people.

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